PTO/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
APPLICATION AS FILED - (Column 1)			- PART I (Column 2)			SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUMBER EXTRA			RATE (\$,	FEE (\$)		RATE (5)	FEE (\$)	
BASIC FEE (37 CFR 1.16(s), (b), or (c))											
SEARCH FEE (37 CFR 1.16(1), (i), or (m))											
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))					1					•	
TOTAL CLAIMS (37 CFR 1.16(i))		minus 20 =				x	-		OR	х =	
INDEPENDENT CLAUMS (37 CFR 1,16(h)) minus 3 =				1 1	x	_			х •		
APPLICATION SIZE FEE sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (ze fee due each ereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
of the difference in column 1 is less than zero, enter '0' in column 2. TOTAL							l		•	TOTAL	
731060	CLAIMS EMAINING AFTER	(- PART (I Column 2) IIGHEST IUMBER EVIOUSLY	(Column 3) PRESENT EXTRA]	SMA	П	NTITY ADDI- TIONAL	OR	OTHER SMALL RATE (5)	
Total	ENDMENT	Minus **	AID FOR	-		ΛE	+	FEE (\$)			FEE (\$)
(37 CFR 1.10()) O Independent C (37 CFR 1.14(n))	∽	Minus ***	2	= /		×25	-	•	OR	×50 ·	
Application Size Fee	(37 CFR 1.16	(e))	ے۔	l		×IOO	-		OR	×200 -	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))											
· ·	·····				, ,	TOTAL ADO'L FE	E		OR	TOTAL ADD'L FEE	
. «	Column 1)		(Column 2)	(Column 3)							
m W RI	CLAIMS EMAINING AFTER IENDMENT	H N PR	HIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (5)	ADDI- TIONAL PEE (\$)
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Total Total Corce 1.16(1) Independent Corce 1.16(1) Application Size Fee	<u>a</u>	Minus ***	3	• /		x	=	T^{-}	OR	X =	
Application Size Fee (37 CFR 1.16(s))							\dashv				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))							_	-	OR	L/_	
·						TOTAL ADD1 FE	E	(.	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The 'Highest Number Previously Pald For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.